PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10821703

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHE	R THAN
TOTAL CLAIMS			(Colum	(Column 1)		(Column 2)		TYPE		OR	SMALL	ENTITY
			16					RATE	FEE	_	RATE	FEE
F	OR —————		NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.0	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			16 minus 20=		ρ			X\$ 9=		OR	X\$18=	0
INI	DEPENDENT (CLAIMS	3 m	ninus 3 =	•	0		X43=		OR	X86=	0
M	JLTIPLE DEPE	NDENT CLAIM F	PRESENT					+145=		OR		0
* 11	the differenc	e in column 1 is	less than z	ero, enter	"0" in d	in column 2		TOTAL	 	OR	TOTAL	200
	(CLAIMS AS A	MENDE	MENDED - PART II					•		OTHER	
		(Column 1)		(Colum		(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus			=	I	X43=		OR	X86=	
	FIRST PRESE	ENTATION OF MI	ULTIPLE DEI	PENDENT	CLAIM		Ī	+145=		OR	+290=	
							L	TOTAL			TOTAL	
(Column 1) (Column 2) (Column 3)								DDIT. FEE	L		ADDIT. FEE	
B		CLAIMS		HIGHE	ST		Г		ADDI-	7 [ADDI-
AMENDMENT		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID F	JSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	T	X43= .		OR	X86=	
	FIRST PRESE	ENDENT	CLAIM		r	. 1 AE		1	. 200-			
							L	+145=		OR	+290= TOTAL	· ·
										OR A	DDIT. FEE	
		(Column 1)		(Column		(Column 3)		•				
MEN		REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	I	Minus	state .		=		X43=		-	X86=	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	7,00-	
• 16	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
If	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR A	TOTAL DIT. FEE	
T	ne *Highest Numl	ber Previously Paid	For (Total or I	independent)	nss than) is the h	s, enter "3." ighest number f	ound	I in the appr	opriate box		•	